



Review Proposals for Michael Raguso

Individuals on Proposals

Relationship	First Name	Gender	Date of Birth
Applicant	Michael	Male	02/18/1957

The following products and plans have been added to your proposal based on your saved favorites and recommendations by BCBSF. You may add, remove, or change plans here before saving your proposal.

Please click on the paper clip to view the benefits in greater detail!

Your Proposals

Remove all Health

Health Proposal

Health Proposal Proposed Effective Date: 12/29/2009

Plans	CYD	Monthly Premium
BlueOptions 598	\$3000.00	\$321.00

Relationship	First Name	Gender	Date of Birth	Premium
Applicant	Michael	Male	02/18/1957	\$321.00
Total:				\$321.00

Remove all Dental

Dental Proposal

Dental Proposal Proposed Effective Date: 12/29/2009

Plans	Monthly Premium
Individual BlueDental Choice Plus	\$32.09

Relationship	First Name	Gender	Date of Birth	Premium
Applicant	Michael	Male	02/18/1957	\$32.09
Total:				\$32.09

* Note: Total premium rate includes all applicants listed above.

BlueDental Care PI210

\$10.65

Relationship	First Name	Gender	Date of Birth	Premium
Applicant	Michael	Male	02/18/1957	\$10.65
Total:				\$10.65

* Note: Rate is based on the number of applicants, there is no additional cost for the sixth (or more) applicants.

Individual BlueDental Choice CoPayment

\$23.03

Relationship	First Name	Gender	Date of Birth	Premium
Applicant	Michael	Male	02/18/1957	\$23.03
Total:				\$23.03

* Note: Total premium rate includes all applicants listed above.

[Remove all Life](#)

Life Proposals

Life Proposal Proposed Effective Date: 12/29/2009

Plans	Term	Coverage	Monthly Premium
Life plan for Michael:	10 Year Term	\$50,000 Coverage	\$28.48

Proposal for Michael Raguso

Proposal Created: Tue Dec 29 11:41:05 EST 2009

Prepared for
Michael Raguso
FL 33308

Prepared By
CAROLINE EHRENTAL
CAROLINE AND JEREMY INC -
6960
10 FAIRWAY DRIVE, SUITE 303
DEERFIELD BEACH FL 33441

Agency Contact Information
Email: cehrental@gmail.com
Phone: 954-571-4177

Eligible Applicant(s)

Name	Age	Gender	Relationship	Zip	County
Michael Raguso	52 Years	Male	Self	33308	BROWARD

BlueOptions

BlueOptions 598

Monthly Premium	\$321.00
Integrated Rx	Not Available
Total Monthly Cost:	\$321.00

Cost Sharing

Calendar Year Deductible (CYD) (per person / family aggregate)	\$3,000 per Individual
Coinsurance (Amount you pay)	25% of the Allowed Amount
Out-of-Pocket Maximum (per person / family aggregate)	\$7,500 / \$15,000
Calendar Year Deductible (CYD) for Dental Benefits (per person / family aggregate)	\$75 / \$225

Other Benefits

Physician Services	Family Physician: \$35 copayment Specialist: \$50
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	copayment
Well Child	Family Physician: \$35 copayment Specialist: \$50 copayment
E-visits	\$10 copayment
Urgent Care Centers	\$55 copayment
Rx Benefits - Retail	Generic: \$10 Copay Brand: Not covered Non Preferred: Not covered Diabetic equipment and supplies covered under pharmacy benefit
Rx Benefits - Mail Order	Mail Order (90 day supply): Generic: \$25 Copay Brand: Not Covered Non-Preferred: Not Covered
Inpatient Hospital Facility Services (per admission)	Option 1 = CYD + 25% Coinsurance Option 2 = CYD + 25% Coinsurance
Physician Services at Hospital & ER	CYD + 25% Coinsurance
Independent Clinical Lab	\$0
Outpatient Hospital Facility Services (per visit)	Option 1 = CYD + 25% Coinsurance Option 2 = CYD + 25% Coinsurance
Dental Benefits	Preventative: 100% Covered/Basic: 80% covered/ Major: Not Covered
Emergency Room Facility Services (per Visit)	\$300 Copayment (waived if admitted)

This is only a partial description of the many benefits and services provided by Blue Cross and Blue Shield of Florida (an independent licensee of the Blue Cross and Blue Shield Association) and/or Health Options, Inc. (an HMO subsidiary of Blue Cross and Blue Shield of Florida, Inc.). BCBSF offers only the BlueOptions high-deductible health plans specifically designed to be used in conjunction with a Health Savings Account (HSA). For more information on tax advantages and implications of HSAs as used with a high-deductible health plan, contact your legal or tax advisor. BlueCare products are offered by Health Options. This matrix does not constitute a Contract. These products may have limitations and exclusions. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits selected. For a complete description of benefits and exclusions, please refer to the Contract for the specific product; its terms prevail.

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Eligible Applicant(s)

Name	Age	Gender	Relationship	Zip	County
Michael Raguso	52 Years	Male	Self	33308	BROWARD
	Individual BlueDental Choice Plus	BlueDental Care PI210	Individual BlueDental Choice CoPayment		
Total Monthly Cost:	\$32.09	\$10.65	\$23.03		
	Visit any dentist anywhere, with the added benefit of lower out-of-pocket expenses when using an in-network provider.	No charge or low copay for most procedures.	Predictable copay on all services performed in-network.		

Cost Sharing

Preventive: (cleaning, exam, bitewing x-rays, fluoride for children)	In-Network = 100% coinsurance based on fee schedule, OON = 100%	In-Network = 100% coinsurance based on fee schedule, OON = 100% coinsurance based on UCR	\$10 cleaning Copay, In-Network = Copay, OON = 80% based on fee schedule
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	coinsurance based on UCR		
Basic:(complete mouth x-rays, denture/partial repair, extractions, fillings, sealants for children)	0 or 6 months waiting period, \$50 deductible per person, In-Network = 80% coinsurance based on fee schedule, OON = 80% coinsurance based on UCR	No waiting period, No deductible, Low copay for covered procedures	No waiting period, \$50 deductible per person, In-Network = Copay, OON = 60% based on fee schedule
Major:(crowns, bridges, partials, dentures, root canals, periodontal treatment)	0 or 12 months waiting period, \$50 deductible per person, In-Network = Copay, OON = 40% based on fee schedule	No waiting period, No deductible, Low copay for covered procedures	0 or 12 months waiting period, \$50 deductible per person, In-Network = 50% coinsurance based on fee schedule, OON = 50% coinsurance based on UCR
Plan Features	No enrollment fee, \$1,000 Annual max., 10-day free look, Permanent missing tooth clause, In and OON coverage, Value Added benefits, Specialist coverage	\$35 enrollment fee, No annual max, No free look, No missing tooth clause, In-Network coverage only, 25% discount on Specialist, Requires 12 month participation	No enrollment fee, \$1,000 Annual max., 10-day free look, Permanent missing tooth clause, In and OON coverage, Value Added benefits, Specialist coverage

The information provided is a summary of benefits. It is intended to highlight key points of the Dental Plans and is provided as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

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Select Riders

- Waiver of Premium
- Accidental Death Benefit

Select Term Period	Select Volume of Coverage			
	○ \$25,000	● \$50,000	○ \$75,000	○ \$100,000
● 10 Year Term	\$17.93	\$28.48	\$39.59	\$50.71
○ 15 Year Term	\$21.25	\$34.86	\$49.16	\$63.13
○ 20 Year Term	\$24.81	\$41.62	\$59.05	\$75.56

Note: Rates displayed reflect the monthly premium.

The information provided is a summary of benefits. It is intended to highlight key points of the Life Insurance Policy and is provided as an aid in deciding whether to apply for the insurance. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under an insurance policy.

LifeEssentials Individual Level Term Life Insurance Policy

Limitations and Exclusions

Suicide Exclusion: If the insured commits suicide, while sane or insane, within two (2) years of the policy date, we will refund all premiums paid. No death benefits will be paid.

Exceptions and Limitations for Accelerated Life Benefit

The following exceptions and limitations will apply to the benefit:

1. No accelerated living benefit will be paid if you made an irrevocable beneficiary designation of your term life insurance, unless the irrevocable beneficiary provides us with his notarized written consent.
2. No living benefit will be paid if your terminal illness resulted, directly or indirectly, from attempted suicide or any self-inflicted injury, committed while sane or insane.
3. Under no circumstances will we pay an accelerated living benefit under this policy to any insured who becomes obligated or required by, or as a result of, applicable law, a government agency, or a court of competent jurisdiction, to apply for the accelerated living benefit available under this policy. Therefore:
 - a) If required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, the insured is not eligible for this benefit.
 - b) If required by a government agency to use this option to apply for, obtain, or keep a government benefit or entitlement, the insured is not eligible for this benefit.
4. We will pay up to the maximum accelerated living benefit of your term life insurance
5. Premium payments will continue to be paid on the full amount of term life insurance in force prior to receiving the accelerated living benefit.

Accelerated benefits may be taxable. Assistance should be sought from a personal tax advisor.

Renewability: Annual renewable term policy.

LifeEssentials Individual Level Term Life Insurance Policy - Form No. 50552-704